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CONFIRMATION NO. 1607

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| <b>SERIAL NUMBER</b><br>10/800,809 | <b>FILING OR 371(c) DATE</b><br>03/15/2004<br><b>RULE</b> | <b>CLASS</b><br>711 | <b>GROUP ART UNIT</b><br>2187 | <b>ATTORNEY DOCKET NO.</b><br>RSW920030299US1 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* KMM

\*\* FOREIGN APPLICATIONS \*\*\*\*\* KMM

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>NC | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>16 | INDEPENDENT CLAIMS<br>7 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>KMM</i>  |                        |                     |                    |                         |

ADDRESS  
 23550

## TITLE

Lower overhead shared cache invalidations

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1314 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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